

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/666,423-Conf. #8605
		Filing Date	September 19, 2003
		First Named Inventor	Einar M. Sigurdsson
		Examiner Name	D. C. Gamett
		Art Unit	1647
TOTAL AMOUNT OF PAYMENT		(\$)/ 0 30 . 00	
		Attorney Docket No.	05986/100K433-US2

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account    Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby &amp; Darby P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description	Small Entity Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissues)		50	25				
Each independent claim over 3 (including Reissues)		200	100				
Multiple dependent claims		360	180				
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		<b>Multiple Dependent Claims</b>		
23	- 22 = 1	x 25.00 =	25.00				
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
4	- 3 = 1	x 100 =	100.00				
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
	- 100 =	/50 =	(round up to a whole number) x				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month				510.00			
2801 Request for continued examination (RCE) (see 37 ...)				395.00			

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	57,983
Name (Print/Type)	Shilpa V. Patel	Telephone	(212) 527-7700
		Date	August 22, 2007

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 05986/100K433-US2	
Application No. 10/666,423-Conf. #8605	Filing Date September 19, 2003	Examiner D. C. Gamett	Art Unit 1647	

Applicant(s): Einar M. Sigurdsson et al.

**SYNTHETIC IMMUNOGENIC BUT NON-AMYLOIDOGENIC PEPTIDES HOMOLOGOUS  
INVENTION: TO AMYLOID BETA FOR INDUCTION OF AN IMMUNE RESPONSE TO AMYLOID BETA  
AND AMYLOID DEPOSITS**

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 22 =	1	x 25.00	25.00
Independent Claims	4	- 3 =	1	x 100.00	100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):      Petition for Three Month Extension of Time Request for continued examination (RCE)					510.00 395.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>\$1030</b>

☐ Large Entity ☒ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. 04-0100 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

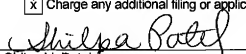
☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100  
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: August 22, 2007

  
Shilpa V. Patel  
Attorney/Agent Reg. No.: 57,983

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